



ELECTRICAL WORK PERMIT REFUND REQUEST

Mail to L&I office where permit was obtained.

Refund must be requested by individual who purchased permit

Approved refund will be mailed in 2-3 weeks

Refund to be made payable to: Please type or print – press firmly		Refund Code 095 02 29 07
Name		
Address		Amount of refund \$
City	State ZIP+4	

Electrical Contractor's License # _____

COPY OF ELECTRICAL WORK PERMIT REQUIRED

CREDIT MY ACCOUNT ☐ YES ☐ NO

\$11.10 processing fee charged for all refunds.

Please type or print – press firmly

Name of applicant requesting refund	Electrical Work Permit #	Amount being requested \$
Reason applicant requesting refund		

Date of request	Signature of applicant
-----------------	------------------------

INSPECTOR'S APPROVAL

Inspector's name	Full approval <input type="checkbox"/>	Partial approval <input type="checkbox"/>	In the amount of \$
Comments			
Service location	Date of approval	Inspector's title	Inspector's signature

Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Electrical Field Supervisor's signature
---	------	---

FISCAL USE ONLY	Date permit purchased	Warrant #	Date warrant mailed	Authorized signature
--------------------	-----------------------	-----------	---------------------	----------------------